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CONFIRMATION NO. 7536

<b>SERIAL NUMBER</b> 10/813,806	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 8627/487 (PA- 5391RFB)	
<b>APPLICANTS</b> Constantin Cope, Bend, OR; Mark A. Magnuson, Bloomington, IN;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/460,440 04/04/2003 <i>lsb</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none lsb</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/10/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 27879					
<b>TITLE</b> Bloodless percutaneous insertion system					
<b>FILING FEE RECEIVED</b> 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		